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03-04-1999 90013 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N43607

1. Corporation Name
NETTLE RIDGE VOLUNTEER FIRE DEPT. INCORPORATED

Principal Place of Business: JOE F. BRACEWELL. SECT. RTE. 2. BOX 860 BLOUNTSTOWN FL 32424
 Mailing Address: JOE F. BRACEWELL. SECT. RTE. 2. BOX 860 BLOUNTSTOWN FL 32424



21 Janet Dietz Suite, Apt. #, etc.	26 Janet Dietz Suite, Apt. #, etc.	3. Date incorporated or Qualified 05/29/1991
22 Rt. 2 Box 880 City & State	27 Rt. 2 Box 880 City & State	4. FEI Number 59-3062266
23 Blountstown, FL Zip Country	28 Blountstown, FL Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32424 25 USA	29 32424 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HOLLEY, JIMMY LEE RT. #2 BOX 998 BLOUNTSTOWN FL 32424	10. Name and Address of New Registered Agent 81 Name Brad Guilford 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 758, John Bryant Rd. 83 84 City Blountstown FL 85 Zip Code 32424
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Brad Guilford Brad Guilford DATE 2/12/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, LLOYD	1.2 NAME	
STREET ADDRESS	RT 2 BOX 819	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, CHRIS C.	2.2 NAME	JAMES DIETZ
STREET ADDRESS	RT 2 BOX 959C	2.3 STREET ADDRESS	RT. 2 BOX 880
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	Blountstown, FL 32424
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, GREG	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 718	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EDDIE	4.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 720-D	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFORD, BRAD	5.2 NAME	
STREET ADDRESS	P.O. BOX 758, HIGHWAY 69N	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACEWELL, JOE F.	6.2 NAME	
STREET ADDRESS	RT 2 BOX 860	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brad Guilford DATE 2/12/99 (850) 674-4085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)